

**Phone: 780.354.2201** Fax: 780.354.2207

## Utility Change Request Form

COMPLETE IF CL	OSING ACCOUNT			
Current/Prev. Own Name(s):	ner	Closing Date:		
Tenant:				
Civic Address:				
Current Mailing Ac	ddress:			
For final billing				
Home Phone:		Email Address:		
Work Phone (s):				
Cell Phone(s):		Utility Account #:		
COMPLETE FOR N	TEXT ACCOUNT			
New Owner	TEW ACCOUNT			
Name(s):		Date of		
		possesion:		
Civic Address:				
Mailing Address:				
	Beaverlodge, AB T			
Home Phone:	Email Ad		dress:	
Work Phone (s):				
Cell Phone(s):		Utility Account #:		
COMPLETE FOR C	COPY OF BILL		Γ	
Tenant Name(s):		First day of		
Owner's Name		Tenancy:		
Mailing Address:				
	Beaverlodge, AB T			
Home Phone:		l Address:		
Work Phone (s):				
Cell Phone(s):				



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Utility Changes				
Existing Account #:	New Account #:			
Meter Reading:				
Credit Adjustment Required for Existing Account:	☐ Yes ☐ No			
Duplicate utility statement required:	☐ Yes ☐ No			
Delete PAP:  This indicates that you are no longer responsible for the utility charges because you have:  (Please circle which applies)  Sold the house Moved out	Add Buyer PAP: YES or Declined Add Tenant PAP: YES or Declined  PAP stands for Pre Authorized Payments.  To be set up for PAP, we require a void cheque or a direct deposit form from your bank.			
Comments:				
Received By:	Date Received:			
PLEASE SIGN HERE IF BUYING/SELLING PROPERTY				
Signature of Seller:	Signature of Buyer:			
PLEASE SIGN HERE IF YOU ARE A TENANT				
Signature of Tenant:	Date:			
Signature of Owner:	Date:			